

Name
in
Full

Rosa Amoss

CERTIFICATE OF DEATH

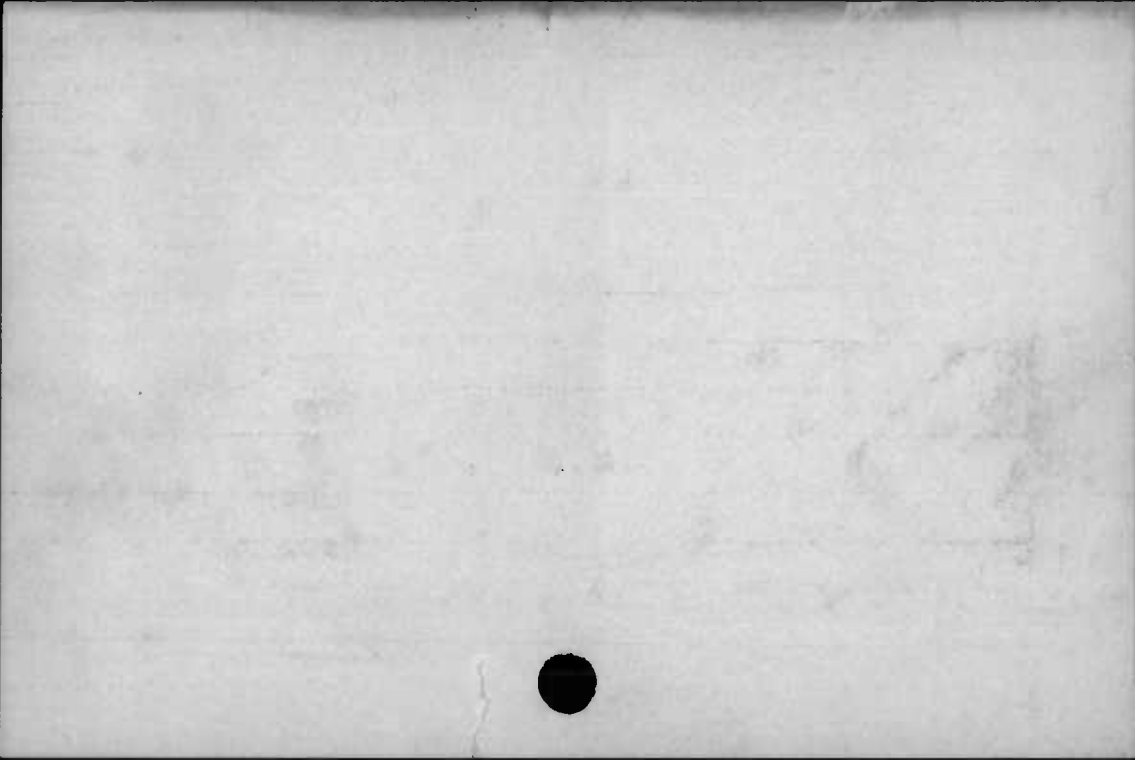
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bradentown		County Harford		MARYLAND	
Date of death	1905	Month April	Day 19	Age Years	15	Months 6	Days
Sex	Female		Color or Race	White		Birth- place	Harford. Co.
Occupation	Schoolgirl			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Thomas Amoss					Father's Birthplace	Harford Co.
Mother's Maiden Name	Mary Hudson					Mother's Birthplace	Harford Co.
Name of person giving information	John R. Kishwood					How related to deceased	Friend.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis	How long	4 Months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	James S. Akehurst
		Address	Norrisville
Accident or Suicide?			Med.



Name
in
Full

Thos Lee Ayers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

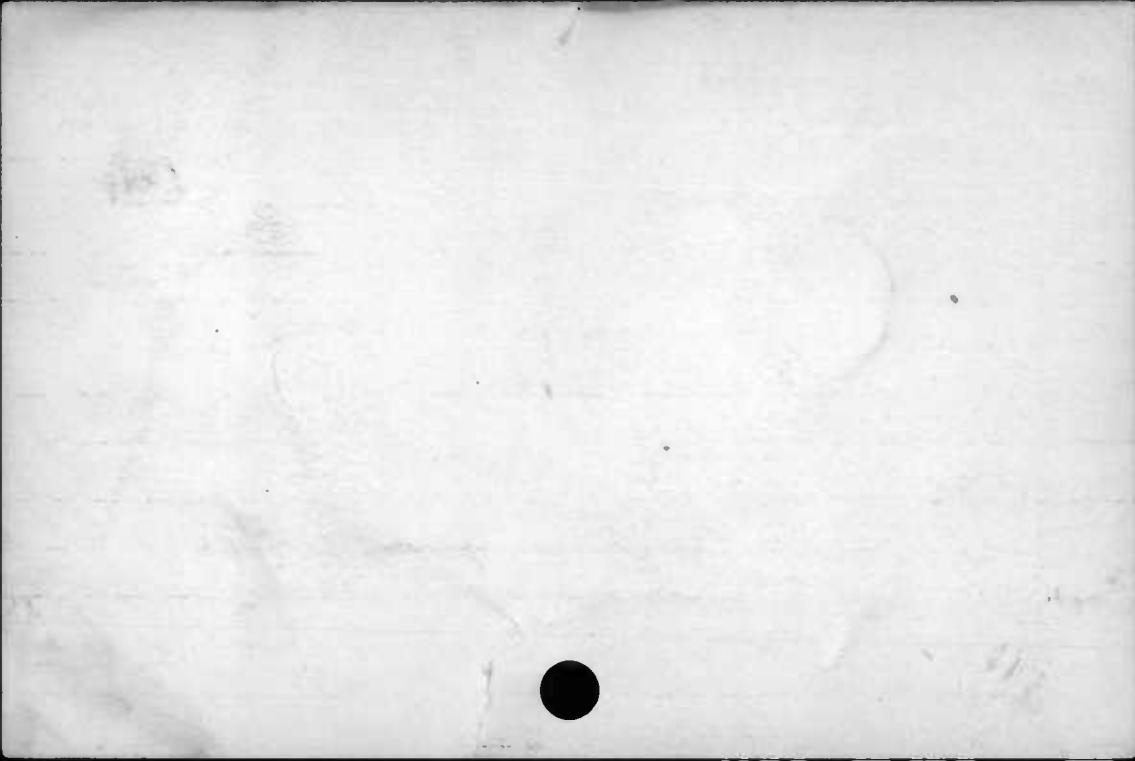
MARYLAND

Died at <i>Shawsville</i>		Town		<i>Harford</i>		County	
Date of death 190 <i>5</i>	Month <i>April</i>	Day <i>2</i>	Age <i>5</i>	Years	Months <i>8</i>	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Shawsville</i>				
Married Single or Widowed			Occupation <i>X</i>				
Name of Wife or Husband <i>X</i>							
Father's Name <i>J. H. Ayers</i>				Father's Birthplace <i>Shawsville</i>			
Mother's Maiden Name <i>Mary Millionaire</i>				Mother's Birthplace <i>Shawsville</i>			
Name of person giving information <i>Partin Almy</i>				How related to deceased <i>Brother-in-law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>Brain Complication</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Turner</i>
	Address <i>White Hall</i>
	<i>In a</i>
Accident or Suicide?	



Name
in
Full

William Alfred Baldwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Aberdeen</u> Town		<u>Harford</u> County		MARYLAND	
Date of death	1905	Month	April	Day	3
Age		46		Months	—
Sex	Male	Color or Race	White	Birth-place	Aberdeen
Occupation	Stone Mason		Where Residing if not at place of death Aberdeen		
Married, Single or Widowed	Married	Name of Wife or Husband	Wm. A. Baldwin		
Father's Name	Jarrett Baldwin			Father's Birthplace	
Mother's Maiden Name	Alyson Keen			Mother's Birthplace	
Name of person giving information	Simon Sauder			How related to deceased Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gun shot wound in head	How long	15/1
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician James Y. Pritchard	
		Address Aberdeen Md	
Accident or Suicide?		Suicide	



Name in Full

Certificate of Death

Clifton Boyd -

Died at ^{Town} *Harford* ^{County} *Harford* -

MARYLAND

Date 19 *05* ^{Month} *April* ^{Day} *12* | Age *2-1-10* | ^{Y.} *Ind* | ^{M.} *Ind* | ^{D.} *Ind* | Native of *Ind* | Occupation *Ind*

Male ☒ Female ☐ White ☒ Colored ☐ ~~Married~~ ☐ Single ☐ ~~Widow~~ ☐ ~~Divorced~~ ☐ ~~Widower~~ ☐ Number of children living *Ind*

Husband of

Wife

Father's Name

David F. Boyd

Mother's Maiden Name

Ludie McNamee

Cause of Primary

Gastro Enteritis

Death Immediate

How long sick

One week

Accident, Suicide, Homicide

Reported by

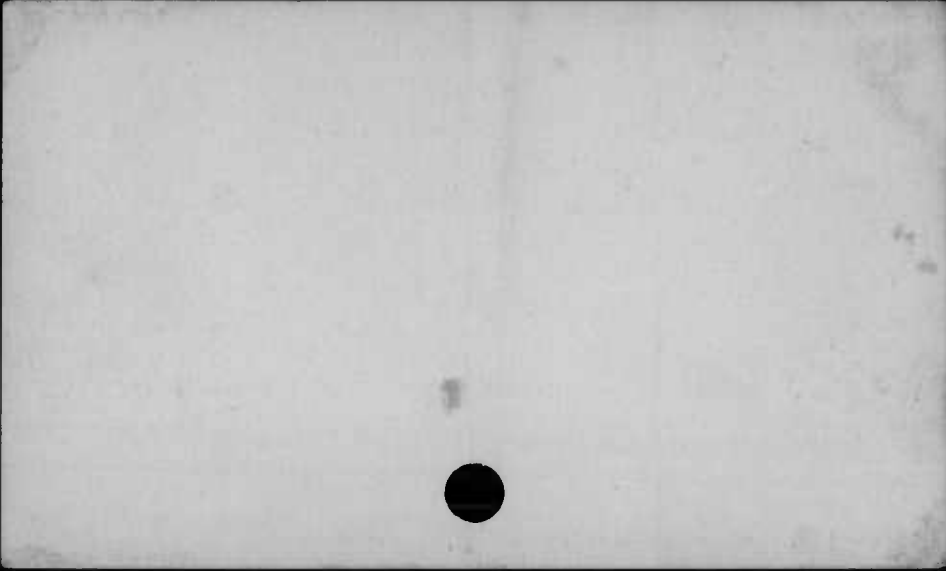
M.D. Gorsuch M.D.

Address

Chesapeake Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Sarah E. Cairnes

CERTIFICATE OF DEATH

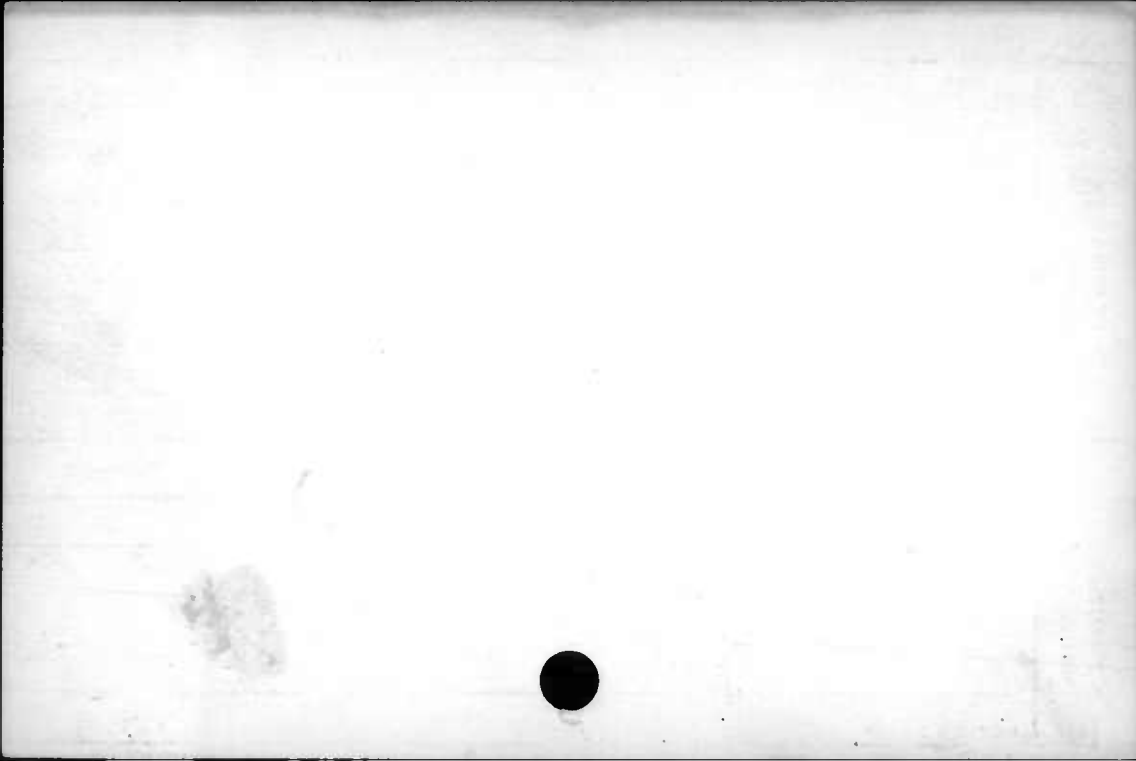
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Town</i> <i>Jarrettsville</i>		<i>County</i> <i>Harford</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>April</i>	Day <i>29</i>	Age <i>65</i>	Months <i>7</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Jarrettsville</i>		
Married, Single or Widowed <i>Widowed</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>D. Chas. A. Cairnes</i>					
Father's Name <i>Luther M. Jarrett</i>			Father's Birthplace <i>Taylor</i>		
Mother's Maiden Name <i>Julia A. Scayf</i>			Mother's Birthplace <i>Taylor</i>		
Name of person giving In formation <i>M. L. Jarrett</i>			How related to deceased <i>Brother</i>		

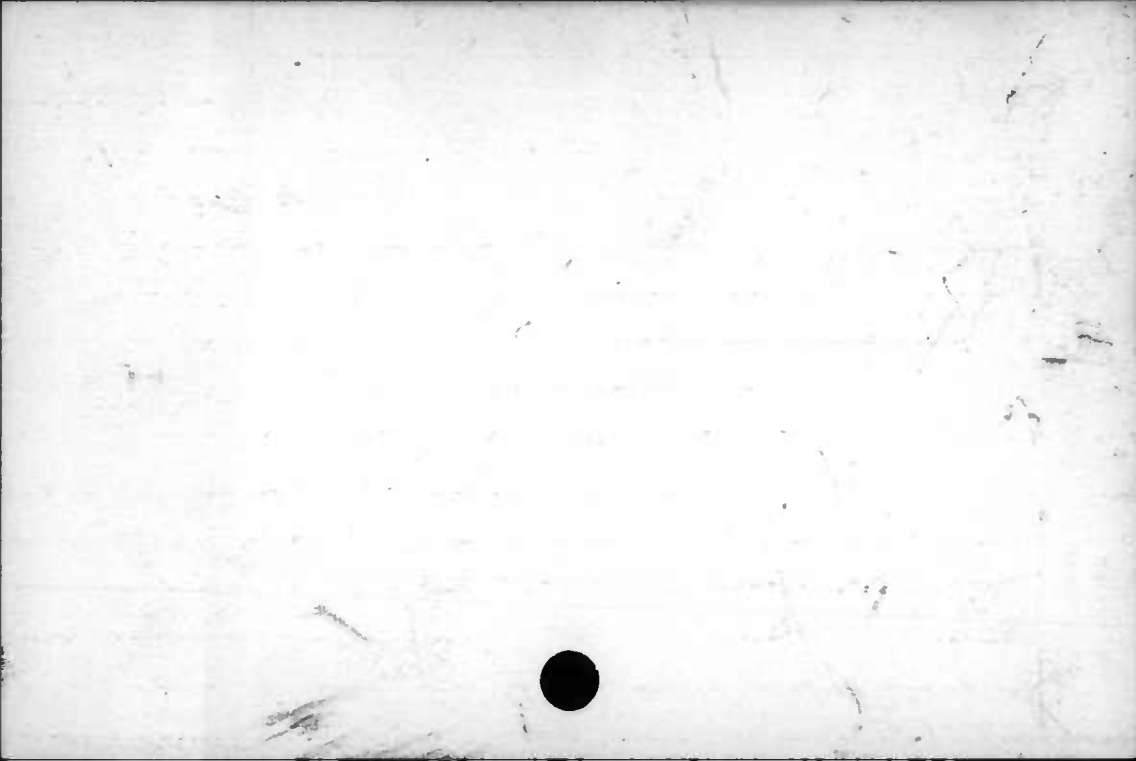
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer</i>	How long <i>one year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. L. Jarrett</i>
	Address <i>Jarrettsville</i> <i>Md</i>
Accident or Suicide?	



Name in Full		John Ambrose Casey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Horton delmar		County Hartford		MARYLAND	
	Date of death	1900	Month April	Day 16	Age 61	Months	Days
	Sex	male		Color or Race	white		
	Occupation	Laborer		Birth- place	Md.		
	Where Residing if not at place of death		Hd Grace				
	Married, Single Widowed	Name of Wife or Husband Mary A Casey					
	Father's Name	Unknown				Father's Birthplace	—
Mother's Maiden Name	—				Mother's Birthplace	—	
Name of person giving In formation	Mary A Casey				How related to deceased	Wife	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary					How long	
	Immediate	Pulmonary Tuberculosis				How long	1 yr
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
	Accident or Suicide?		No		Address J Lee Hopkin Md Horton delmar, Md		



Name
in
Full

CERTIFICATE OF DEATH

Died at

Indianapolis

Town

County

Daytona

MARYLAND

Date

of death 190

Month

April

Day

30

Age

Years

Months

10

Days

Sex

Female

Color or
Race

Caucasian

Birth-
place

Indianapolis

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

George Chusky-

Father's
Birthplace

Hartford, Conn.

Mother's
Maiden Name

Angie Harris

Mother's
BirthplaceName of person giving
Information

George Chusky

How related
to deceased

Father

CAUSES OF DEATH

Primary

Meningitis

How long

4 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

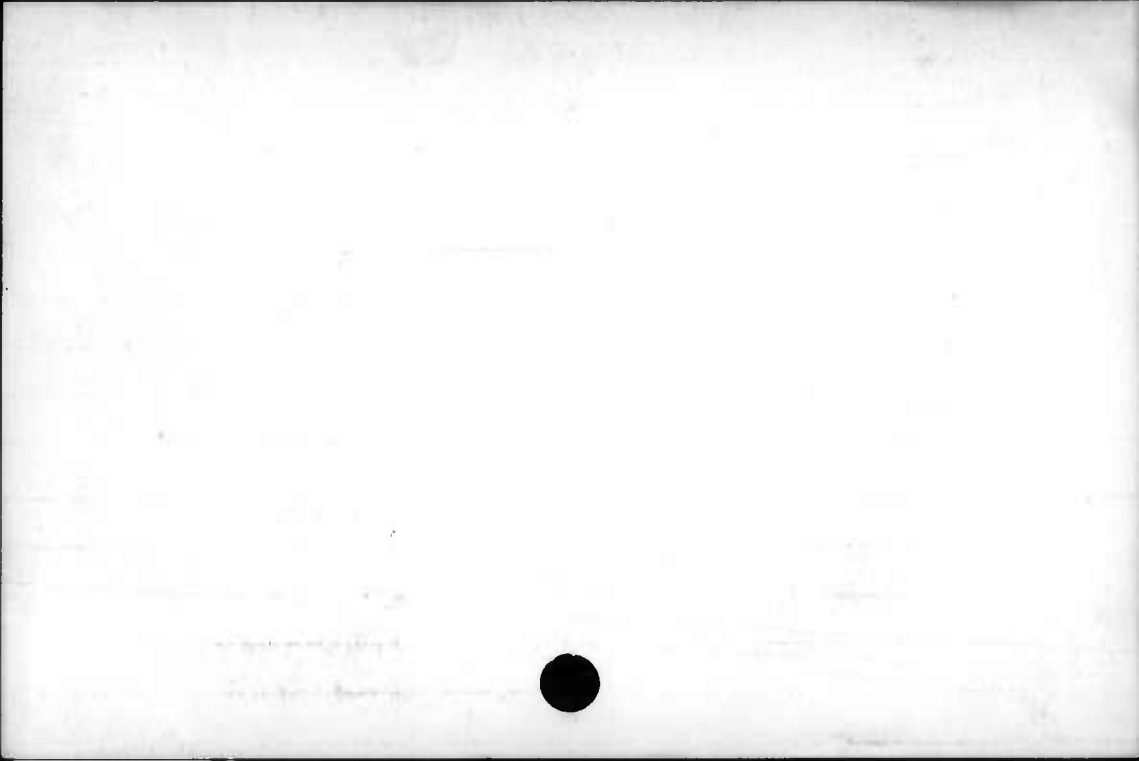
Signature of
Physician

Address

J. H. Stier
Princeton, N.J.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Wm. Henry Cloman


CERTIFICATE OF DEATH

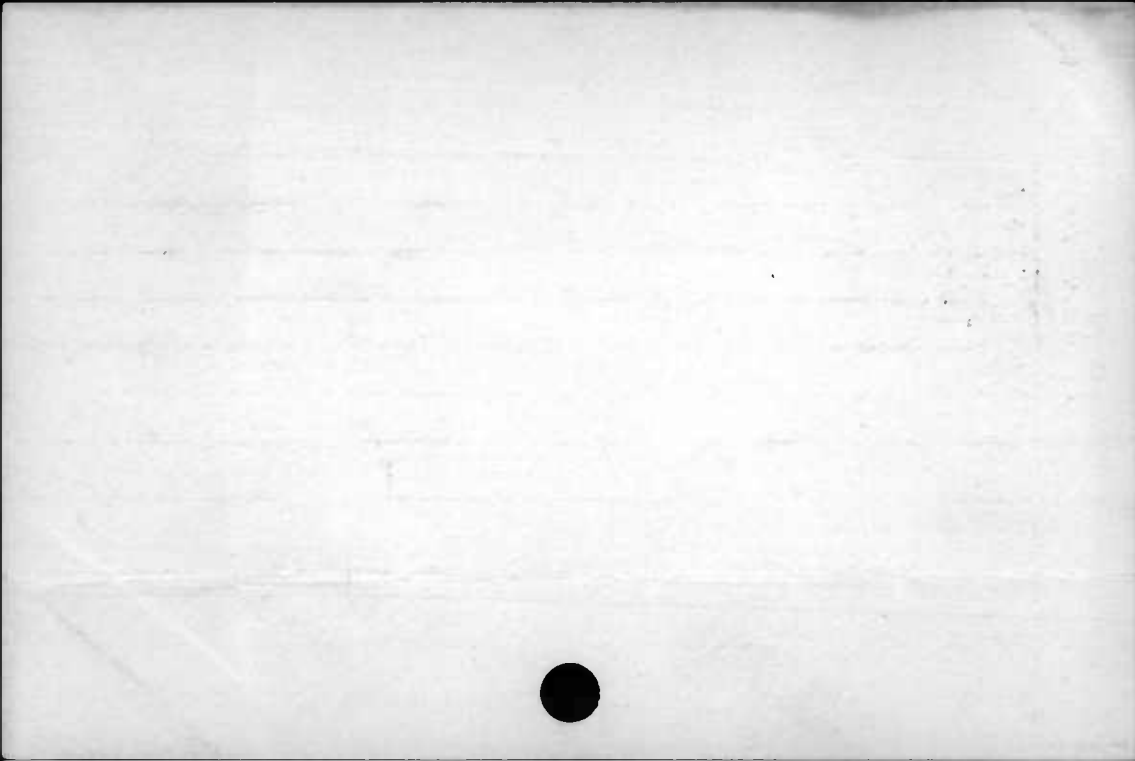
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>Amos Benson</i>		Town <i>Harford</i>		County <i>Harford</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>April</i>	Day <i>29</i>	Age <i>50</i>	Years <i>50</i>	Months <i>2</i>	Days <i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Harford Co.,</i>			
Married, Single or Widowed			Occupation <i>Laborer</i>				
Name of Wife or Husband <i>Anna Elizabeth Cloman</i>							
Father's Name <i>Edward Cloman</i>			Father's Birthplace <i>Harford Co., Md.</i>				
Mother's Maiden Name <i>Elizabeth Samson</i>			Mother's Birthplace <i>" "</i>				
Name of person giving In formation <i>Anna Elizabeth Cloman</i>			How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysphoid Fever</i>	How long <i>10 days</i>
Immediate <i>Toxaemia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Purnell Happlan</i>
	Address <i>Bee An.</i>
	
<i>J</i> Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Churchville</i>		County <i>Harford County</i>		MARYLAND	
Date of death	1905	Month <i>April</i>	Day <i>19</i>	Age <i>82</i>	Years <i>0</i>	Months <i>0</i>	Days <i>3</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Harford Co.</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Isaac Webster Coale</i>						
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	How long	<i>154</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. H. Roberts</i>	
		Address <i>Churchville</i>	
Accident or Suicide?			



Name
in
Full

Aquila J. Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Levee</i>		County <i>Harford</i>		MARYLAND	
Date of death	1905	Month	Apr.	Day	22	Years	Age 74
Sex	<i>Male</i>		Color or Race	<i>white</i>		Birth-place	
Occupation	<i>Laborer</i>			Where Residing if not at place of death <i>at his son</i>			
Married, Single or Widowed	Single		Name or Wife of Husband	<i>Lynethia E. Forward</i>			
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	<i>Nelson Cooper</i>					How related to deceased	<i>son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Enlarged Prostate. Cystitis</i>		How long	<i>25</i>	How long	<i>several years</i>
Immediate	<i>General debility</i>					
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>J. Lee Hopkins</i>			
			Address <i>Havre de Grace</i>			
Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Adeline Crawley Street Town Hartford County
 Date of death 1905 4 19 Age 76 Years Months Days
 Sex Female Color or Race White Birth-place Ind
 Occupation _____ Where Residing if not at place of death _____

Married, Single
 or Widowed

Name of Wife or
 Husband

Father's
 Name

Father's
 Birthplace

Mother's
 Maiden Name

Mother's
 Birthplace

Name of person giving
 information

How related
 to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

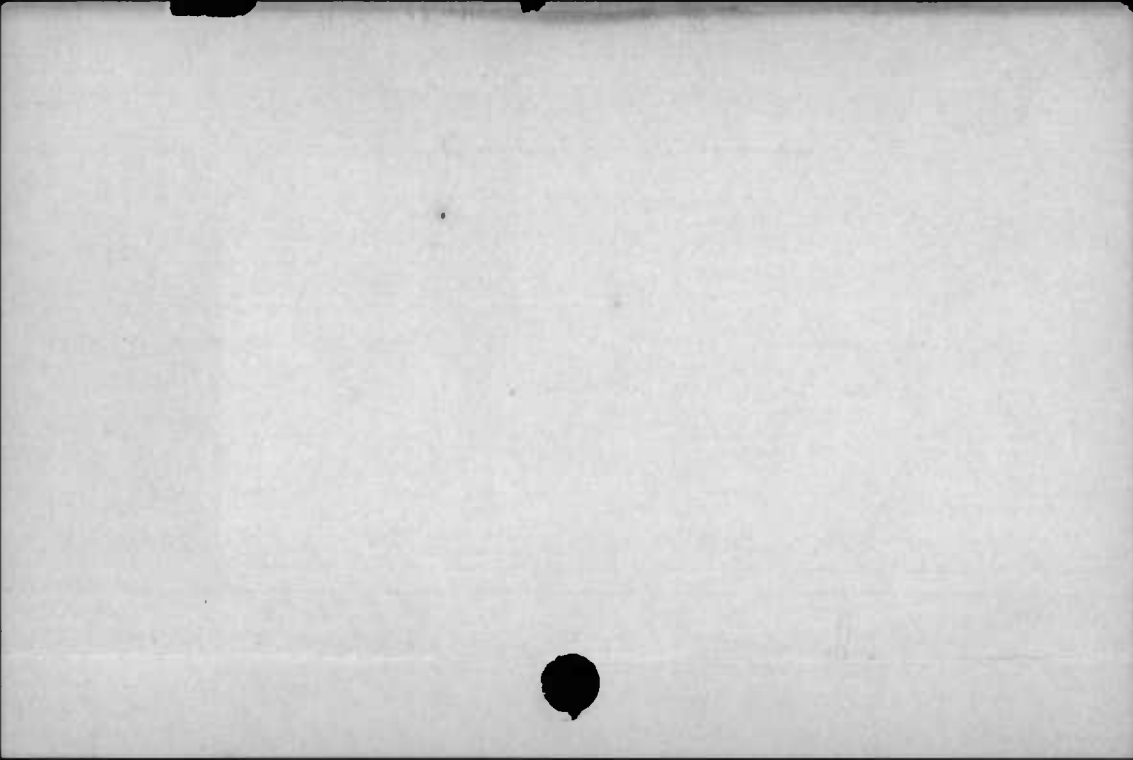
How long

Are the name, age, sex, color, date
 and place correctly given above?

Signature of
 Physician

Address

Accident or Suicide?



Name
in
Full

George H. Daugherty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Fountain Green		County Harford		MARYLAND	
Date of death 1905	Month Apr	Day 21	Age —	Years —	Months 19 months	Days —	
Sex Male		Color or Race White		Birth- place Harford County			
Married , Single or Widowed				Occupation —			
Name of Wife or Husband —							
Father's Name Ambrose H. Daugherty				Father's Birthplace Harford Co			
Mother's Maiden Name Ann M. Harper				Mother's Birthplace —			
Name of person giving In formation Ambrose W. Daugherty				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic bronchitis	How long	several months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician William J. Archer	
		Address Bel Air Md	
Accident or Suicide?			



Name
in
Full

Lawrence Ambrose Denbham

CERTIFICATE OF DEATH

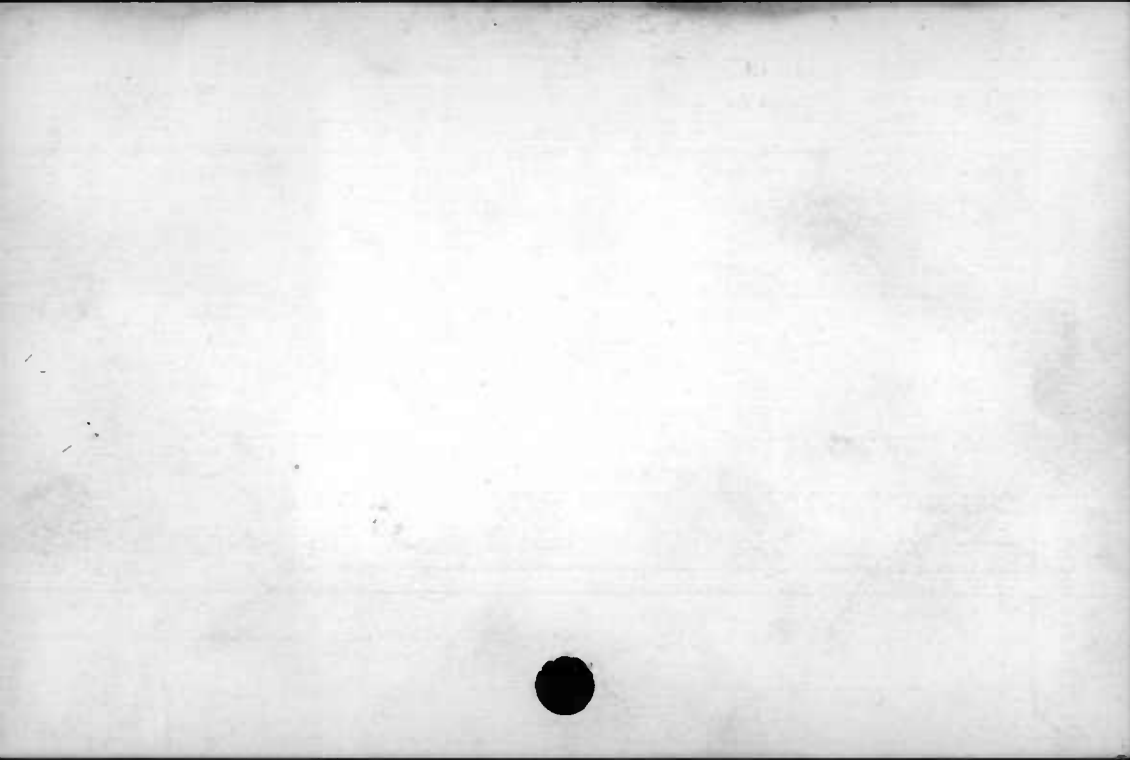
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Aberdeen</i>		Town <i>Hanford</i>		County		MARYLAND	
Date of death <i>1905 Apr.</i>		Month <i>30</i>		Day <i>Age</i>		Years <i>1</i> Months <i>21</i> Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Hanford</i>			
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Lewis A. Denbham</i>				Father's Birthplace <i>Hanford Co</i>			
Mother's Maiden Name <i>Annie L. Mitchell</i>				Mother's Birthplace <i>Hanford</i>			
Name of person giving information <i>Lewis A. Denbham</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Septicaemia</i>	How long <i>20</i> <i>10 days</i>
Immediate <i>Convulsions</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. H. White</i>
	Address <i>Aberdeen</i>
Accident or Suicide? <i></i>	<i>No</i>



Name
in
Full

CERTIFICATE OF DEATH

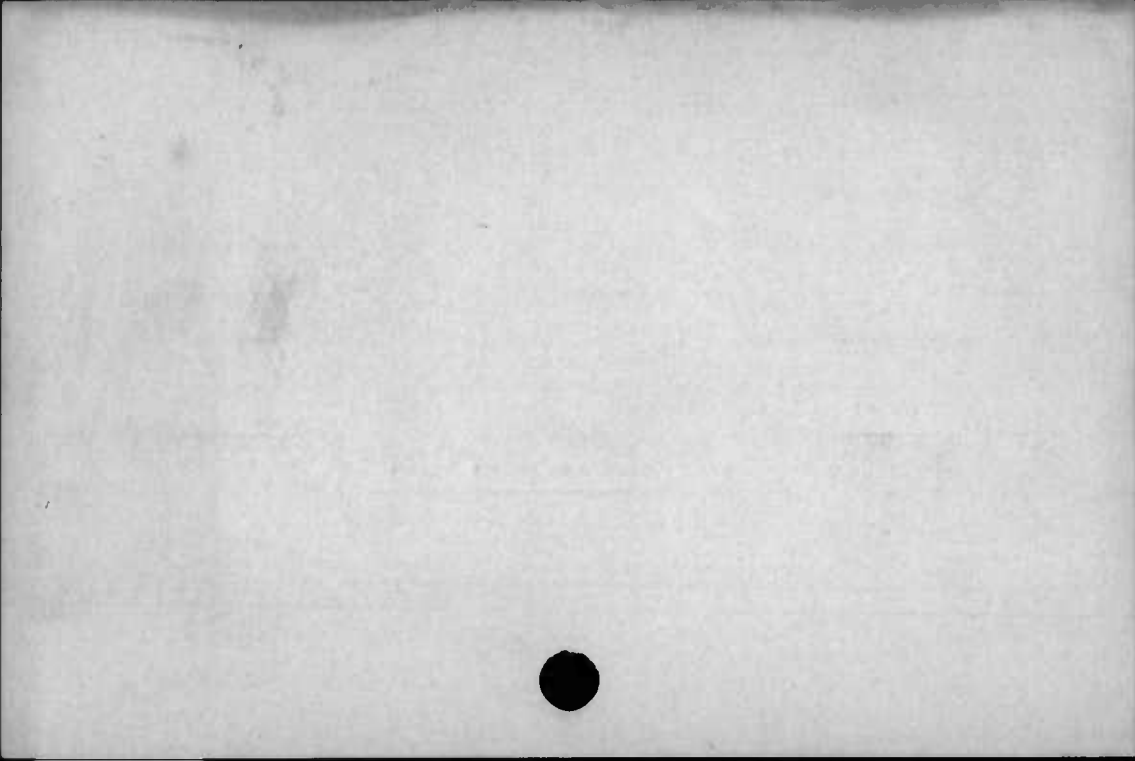
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Henry Druff</i>		Town <i>Barland</i>		County <i>Harford</i>		STATE <i>MARYLAND</i>	
Died at <i>Barland</i>		Month <i>4</i>		Day <i>7</i>		Age <i>64</i>	
Date of death <i>1908</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ohio</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>widower</i>		Name of Wife or Husband <i>Phoebe Flahart</i>					
Father's Name <i>Thos Druff</i>		Father's Birthplace					
Mother's Maiden Name <i>Margaret A Curry</i>		Mother's Birthplace					
Name of person giving information <i>Dave Druff</i>		How related to deceased <i>nephew</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>10</i>	How long <i>several weeks</i>
Immediate <i>Heart complications</i>	How long <i>Half hour</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. L. Hopewell</i>
		Address <i>Harford Green</i>
Accident or Suicide? <i>Natural causes</i>		



Name
in
Full

Edna M. Elster

CERTIFICATE OF DEATH

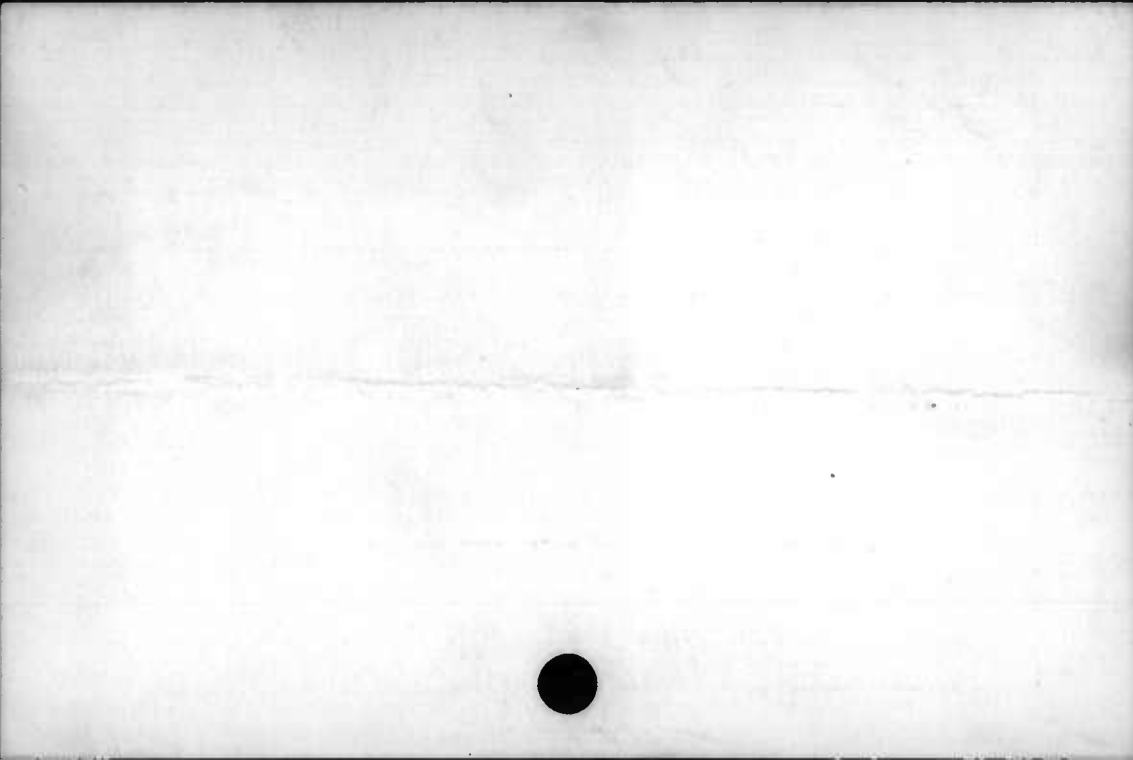
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Joppa</i> Town		<i>Harford</i> County		MARYLAND	
Date of death	1905	Month	4	Day	11
Age	Years	Months	10	Days	
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Joppa</i>	
			Where Residing if not at place of death		
Married, Single or Widowed <input checked="" type="checkbox"/>			Name of Wife or Husband		
Father's Name <i>Geo Elster</i>			Father's Birthplace		
Mother's Maiden Name <i>Ida Allender</i>			Mother's Birthplace		
Name of person giving Information <i>Geo Elster</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pleuro Pulmonitis (Tubercular)</i>	How long	<i>abn 9 months</i>
Immediate	<i>General debility</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Meyer M.D.</i>	
<i>No. -</i>		Address <i>Tubercular M.</i>	
Accident or Suicide? <i>No. -</i>			



Name in Full

Certificate of Death

Died at *Galoway* Town *Harford Co* County *Harford Co* MARYLAND
 Date 1903 *April* Month *13* Day *2* Y. M. D. Native of *Harford* Occupation
 Male ~~Female~~ ~~Widow~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced
 Colored Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pneumonia

Death

Immediate

11

How long sick

2 wks

Accident, Suicide, Homicide

Reported by

Al Smith

Address

Harford Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Synwood Town *Galloway* County

Died at

Havre de Grace *Harford Co*

MARYLAND

Date 19*15*

Month

Day

Y.

M.

D.

Native of

Occupation

April *28*

Age

*11**H*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Robert Galloway

Martin

Cause of

Primary

Whooping Cough

How long sick

2 months

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

A. C. Crothers

Address

Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name

in
Full

CERTIFICATE OF DEATH

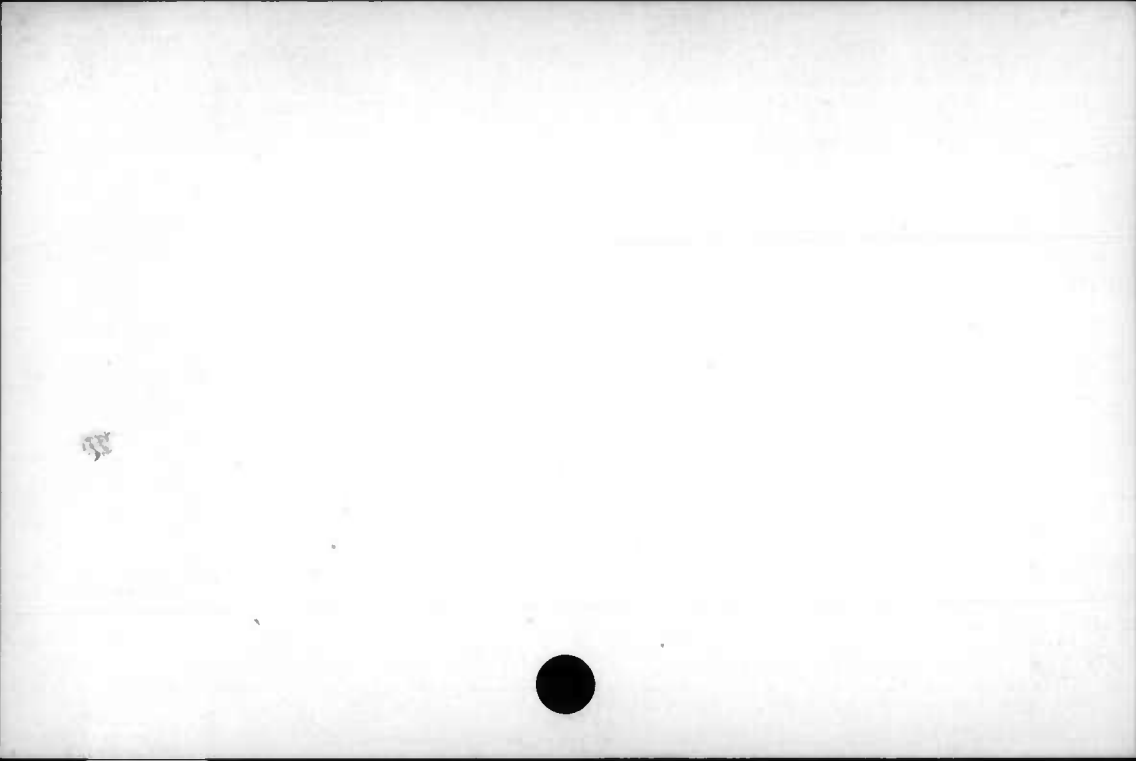
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Skilbour</i>		County <i>Stafford</i>		MARYLAND	
Date of death 1905	Month <i>April</i>	Day <i>2</i>	Age Years	Months	Days <i>12</i>		
Sex <i>male</i>	Color or Race <i>White</i>		Birth- place <i>Maryland</i>				
Married, Single or Widowed <i>Single</i>				Occupation <i>Teacher</i>			
Name of Wife or Husband <i>Philip Gayson</i>							
Father's Name <i>Philip Gayson</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Martha Ward</i>				Mother's Birthplace <i>Stafford Co.</i>			
Name of person giving information <i>Philip Gayson</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Unknown</i>	How long	<i>Suddenly</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. L. Hughes</i>	
<i>yes</i>		Address <i>Gibson, Ind.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death 190 <i>5</i>	<i>Apr</i> <small>Month</small>	<i>13</i> <small>Day</small>	Age <i>70</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Ind.</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Labourer</i>				
Name of Wife or Husband <i>Hannah Guy</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name <i>Eliza Guy</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving Information <i>Hannah Guy</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>170</i> ?
Immediate <i>Uræmia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address <i>Cumella Sappington</i>
Accident or Suicide?	

Zabernale

Name
in
Full

Lawson T. G. Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Carlton		County Harford		MARYLAND	
Date of death	1905	Month 4	Day 28	Age 40	Years	Months	Days
Sex	Male		Color or Race	Black		Birth place	Harford Co Md
Occupation	Labourer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Susan Brown			
Father's Name	Lawson Harris				Father's Birthplace	Md	
Mother's Maiden Name	Margaret				Mother's Birthplace	Md	
Name of person giving In formation	Malachi Harris				How related to deceased	Brother	

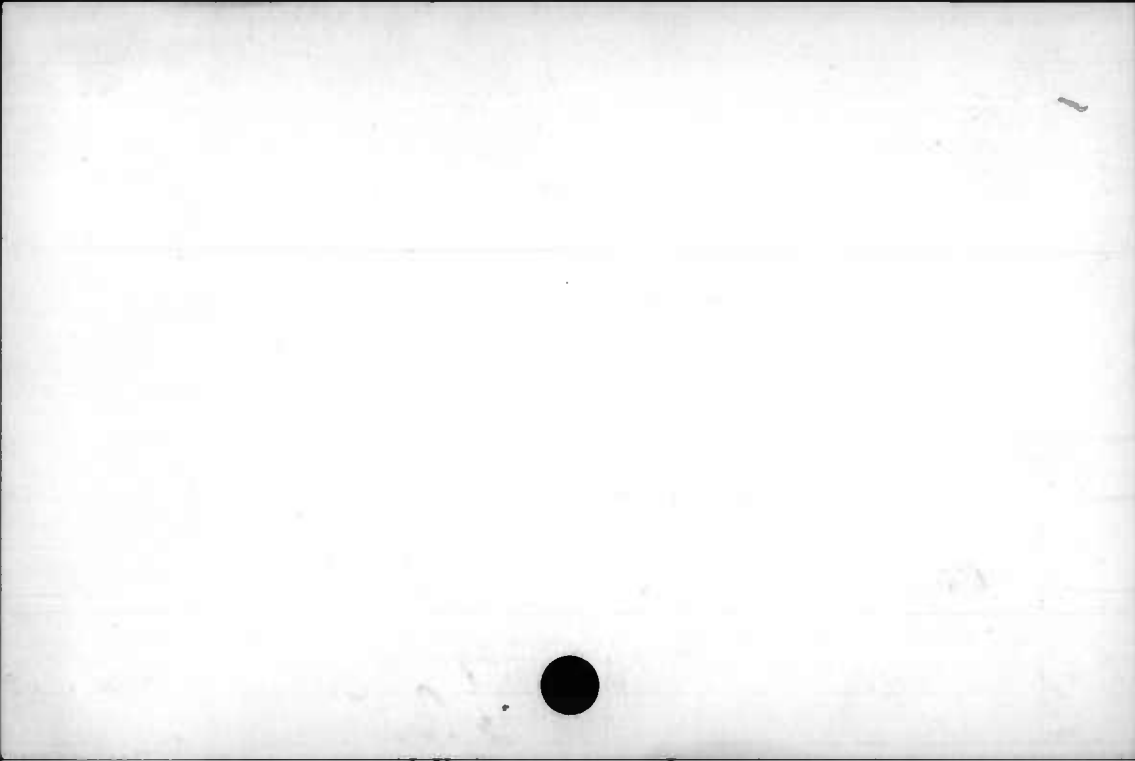
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	
Immediate	Tubercular Meningitis		How long	300-3 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	L. G. Hopkins
			Address	St Anne de Grace Md
Accident or Suicide?				



Name in Full		Town				County		CERTIFICATE OF DEATH	
Died at		Month		Day		Years		MARYLAND	
Date of death		1905		April		22		Age 62.	
Sex		Male		Color or Race		White		Birth- place	
Occupation				Where Residing if not at place of death				Harford Co Md	
Married, Single or Widowed				Name of Wife or Husband		James E Hass			
Father's Name		William Hass		Father's Birthplace		✓		✓	
Mother's Maiden Name		Margaret Erdman		Mother's Birthplace		✓		✓	
Name of person giving Information		Wife		How related to deceased		Wife			
CAUSES OF DEATH									
Primary		Pneumonia				How long		9 days	
Immediate		Exhaustion				How long		9 days	
Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		Charles Bagley M.D.	
						Address		Bagley, Md.	
Accident or Suicide?		✓							



Name
In FullTO BE ANSWERED BY
NEAREST FRIEND

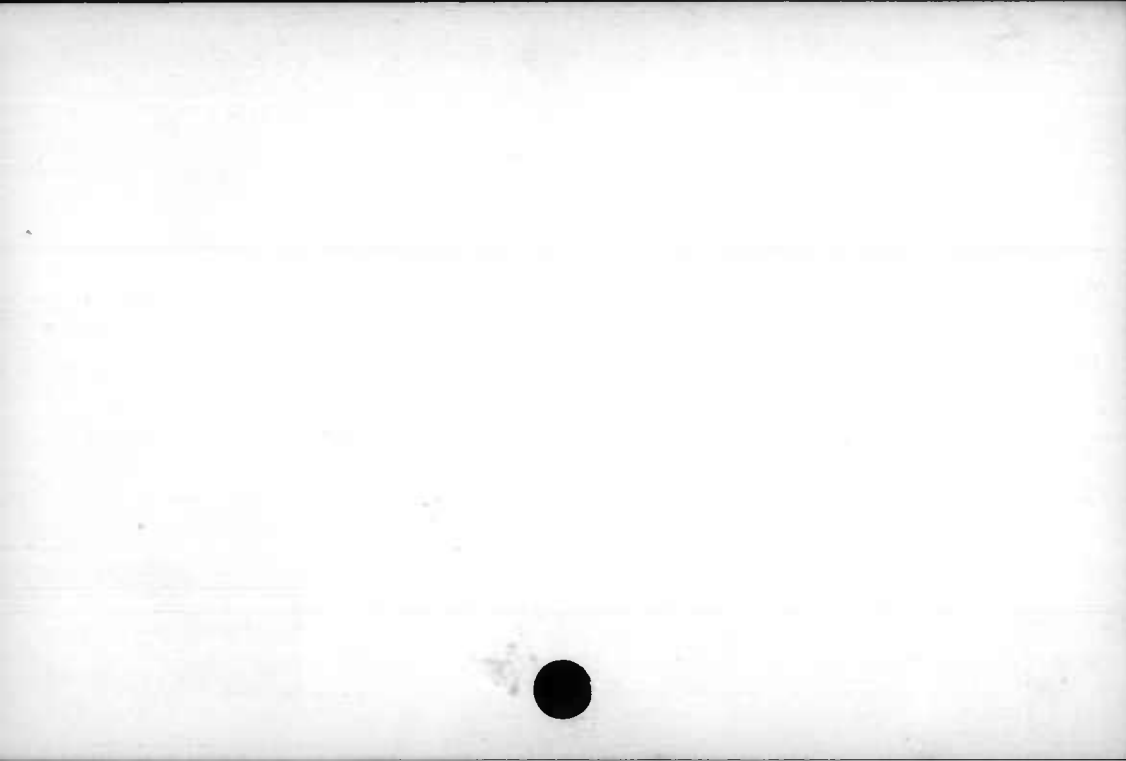
CERTIFICATE OF DEATH

Died at <i>Bel Air</i> ^{Town}		<i>Hanford</i> ^{County}		MARYLAND	
Date of death 190	<i>5</i>	Month	<i>4</i>	Day	<i>14</i>
Age		<i>56</i>	Years	Months	<i>4</i>
Sex		<i>Female</i>	Color or Race	<i>White</i>	Birth-place
Married, Single or Widowed		<i>Change of own home</i>			
Name of Wife or Husband		<i>Thomas Hitchcock</i>			
Father's Name		<i>William Ross</i>		Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name		<i>Angelia B Board</i>		Mother's Birthplace	<i>Pennsylvania</i>
Name of person giving information		<i>Family Bible</i>		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Extra Renal Encysted Imp.</i>	How long	<i>16 years</i>
Immediate	<i>Surgical Shock</i>	How long	<i>46 1/2 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Ornell S. Sapperton</i>	
		Address	
		<i>Bel Air</i>	
Accident or Suicide?			



Name
in
Full

Rorie A. Holmes

CERTIFICATE OF DEATH

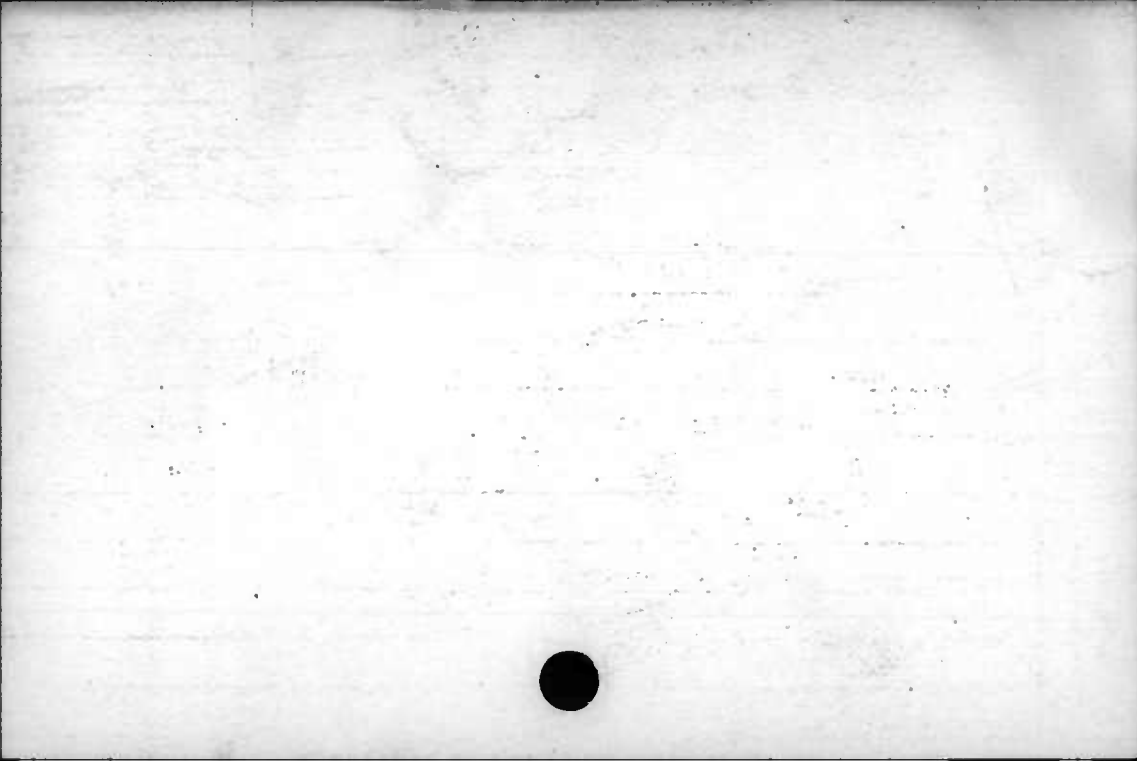
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harrods Grace</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death	1905	Month	4	Day	18	Years	Age 31
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>Harrods Grace</i>
Occupation	<i>House Wife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>John Holmes</i>			
Father's Name	<i>Robt Bowser</i>					Father's Birthplace	-
Mother's Maiden Name	<i>Milcha Bowser</i>					Mother's Birthplace	
Name of person giving information	<i>Joseph Bowser</i>					How related to deceased	<i>Brother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
<i>Burned to death</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	<i>R. H. Smith M.D.</i>
	Address
	<i>Harrods Grace</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

George H. Johnson

Town

County

Died at

Forest Hill

Hayford

MARYLAND

Date

Month

Day

Years

Months

Days

of death *1901*

4

17

Age

42

9

12

Sex

Male

Color or
Race

White

Birth-
place

Hayford Co

Occupation

Lumber & Canner

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name or Wife or
Husband

Agnes Johnson

Father's
Name

James H. Johnson

Father's
Birthplace

Hayford Co

Mother's
Maiden Name

Martha Carson

Mother's
Birthplace

Hayford Co

Name of person giving
Information

Olin Johnson

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Diabetes

How long

2 years

Immediate

Diabetic coma

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. P. Smithson

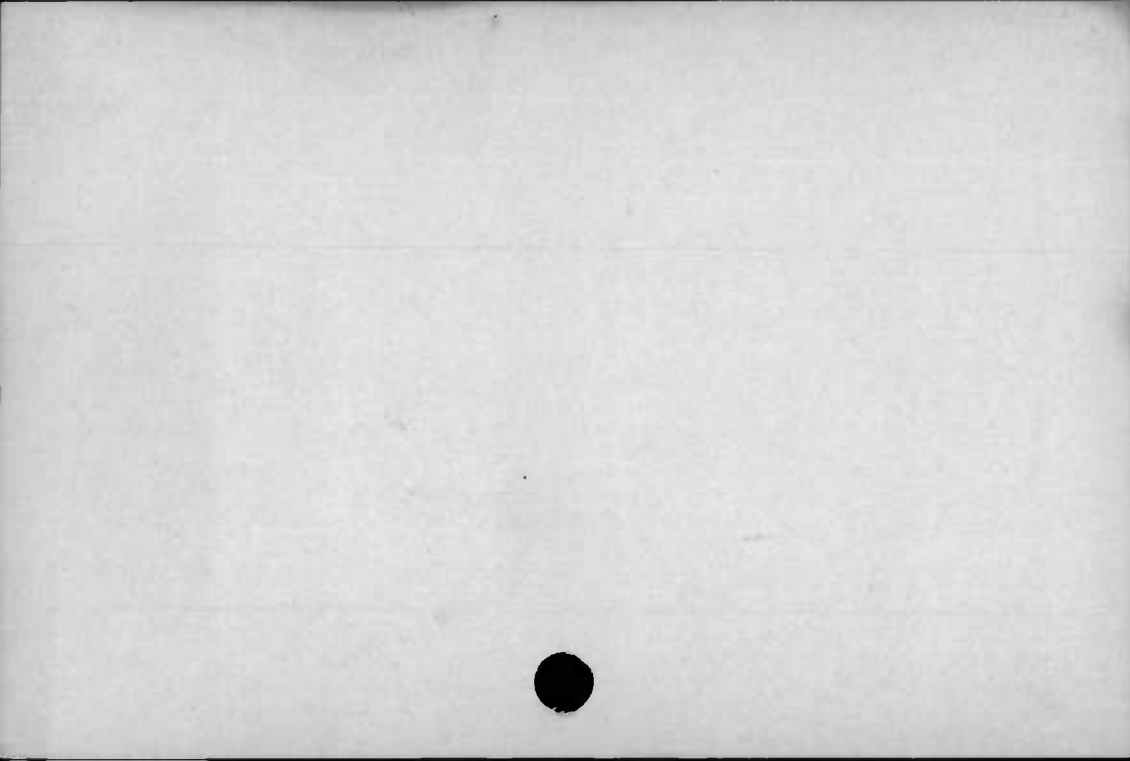
Address

Forest Hill, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Louisa Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Janettsville</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
Date of death 190 <u>5</u>	Month <u>April</u>	Day <u>9</u>	Age <u>75</u> ^{Years}	Months <u>3</u>	Days <u>18</u>
Sex <u>Female</u>	Color or Race <u>African</u>		Birth-place <u>MD</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>Servant</u>				
Name of Wife or Husband <u>Joshua Jones</u>					
Father's Name <u>Levinth Jones</u>			Father's Birthplace <u>Va</u>		
Mother's Maiden Name <u>Lydia Bush</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Katherine Janett</u>			How related to deceased <u>none</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cancer</u>	How long <u>2 Years</u>
Immediate <u>Exhaustion</u>	How long <u>45</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Martin L. Janett</u>
	Address <u>Janettsville</u>
Accident or Suicide?	<u>MD</u>



Name in Full		Certificate of Death			
Mary Lee Kidd		MARYLAND			
Died at ^{Town} Churchville Md		County Harford			
Date of death 1905		Month April	Day 15	Age 81	Years 3 Months 20 Days
Sex Female		Color or Race		Birth-place Churchville	
Married, Single or Widowed		Widow		Occupation	
Name of Wife or Husband					
Father's Name		John Evans		Father's Birthplace	
Mother's Maiden Name		Mary Wakeland		Mother's Birthplace	
Name of person giving information		Florence Hanna		How related to deceased	
				Daughter	
CAUSES OF DEATH					
Primary		Pneumonia		How long 6 days	
Immediate		Exhaustion & heart failure		How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
				Address	
				T. H. Callahan	
				Creswell Md	
Accident or Suicide?					

Churches

Name
in
Full

Hartman Leithner


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harrodsplace</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>4</i>	Day <i>18</i>	Age <i>79</i>	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Pennsylvania</i>		
Occupation <i>Crocherman</i>			Where Residing if not at place of death <i>- -</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>W.D.</i>	How long
Immediate <i>Dysentery</i>		How long <i>Several Months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. H. Smith</i>	
	Address 	
Accident or Suicide? <i>No</i>		

C. T. Lains

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George H. Maynardier

Town *Bethesda* County *District*

Died at *Bethesda*

Date of death 190 *50* Month *Apr.* Day *6* Age *66* Months *-* Days *-*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Married, Single or Widowed *Widower* Occupation *Lawyer*

Name of Wife or Husband *-*

Father's Name *H. G. Maynardier* Father's Birthplace *Maryland*

Mother's Maiden Name *Eliq. H. Hest* Mother's Birthplace *Maryland*

Name of person giving information *Wm. Maynardier* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *-* How long *64*

Immediate *Cerebral Hemorrhage* How long *18 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. H. Hest*

Address *1010 B. B. M.*

Accident or Suicide? *-*

Rocks Spring

Name
in
Full

Thomas J Meads


CERTIFICATE OF DEATH

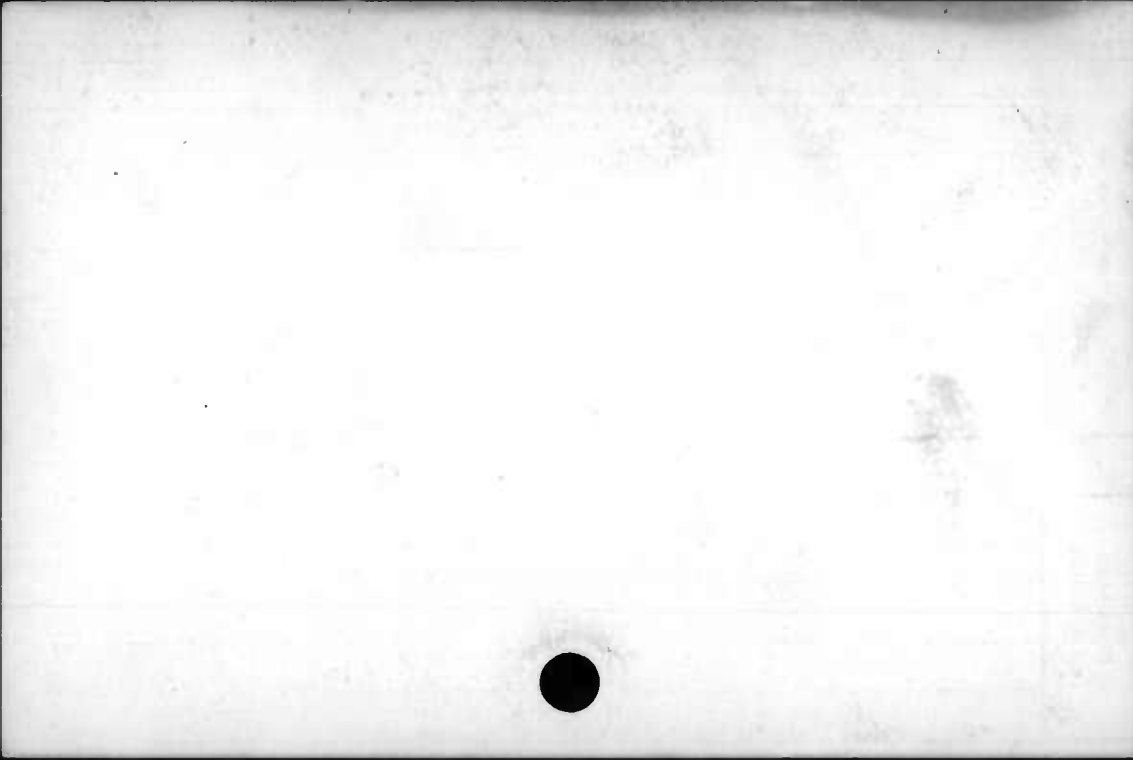
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Perryman</u> ^{Town}		<u>Hartford</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	<u>4</u> ^{Month}	<u>13</u> ^{Day}	Age <u>28</u> ^{Years}	<u></u> ^{Months}	<u></u> ^{Days}
Sex <u>male</u>		Color or Race <u>colored</u>		Birth-place <u>Hartford Co</u>	
Occupation			Where Residing if not at place of death		
Married, <u>single</u> or <u>Widowed</u>		Name of Wife or Husband <u>Ella J Meads</u>			
Father's Name <u>Thomas Meads</u>			Father's Birthplace <u>Virginia</u>		
Mother's Maiden Name <u>Lucy A Harvey</u>			Mother's Birthplace <u>Virginia</u>		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Heart Failure</u>	How long	<u>179</u>
Immediate	<u>Heart Failure</u>	How long	<u>179</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. H. Bliss</u>	
		Address <u>Perryman</u>	
<div style="display: flex; align-items: center;">  Accident or Suicide? <u>no</u> </div>			



Name
in
Full

babin Munk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>leale</u> Town		County <u>Harford</u>		MARYLAND	
Date of death <u>190</u>	Month <u>April</u>	Day <u>27</u>	Age <u>22</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Harford Co</u>		
Occupation <u>Sam Hama</u>	Where Residing if not at place of death				
Married or Widowed	Name of wife or Husband				
Father's Name <u>Hamp Munk</u>	Father's Birthplace <u>Harford Co</u>				
Mother's Maiden Name <u>Lottie Ringgold</u>	Mother's Birthplace <u>" "</u>				
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>5 days</u>
Immediate <u>"</u>	How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. H. Otis</u>
	Address <u>Brynmar</u>
Accident or Suicide? <u>"</u>	



Name

In
Full

Heelen Virginia Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Maynolia* Town *Harford* County

MARYLAND

Date of death 1905 *4* Month *29* Day Age *5* Years Months *20* Days

Sex *Female* Color or Race *white* Birth-place *Maryland*

Married, Single or Widowed _____ Occupation _____

Name of Wife or Husband _____

Father's Name *Buck Moore* Father's Birthplace *Maryland*

Mother's Maiden Name *Rachel Preston* Mother's Birthplace *Maryland*

Name of person giving information *Rachel Preston* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Purpura* *(93)* How long *5 days*

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above?

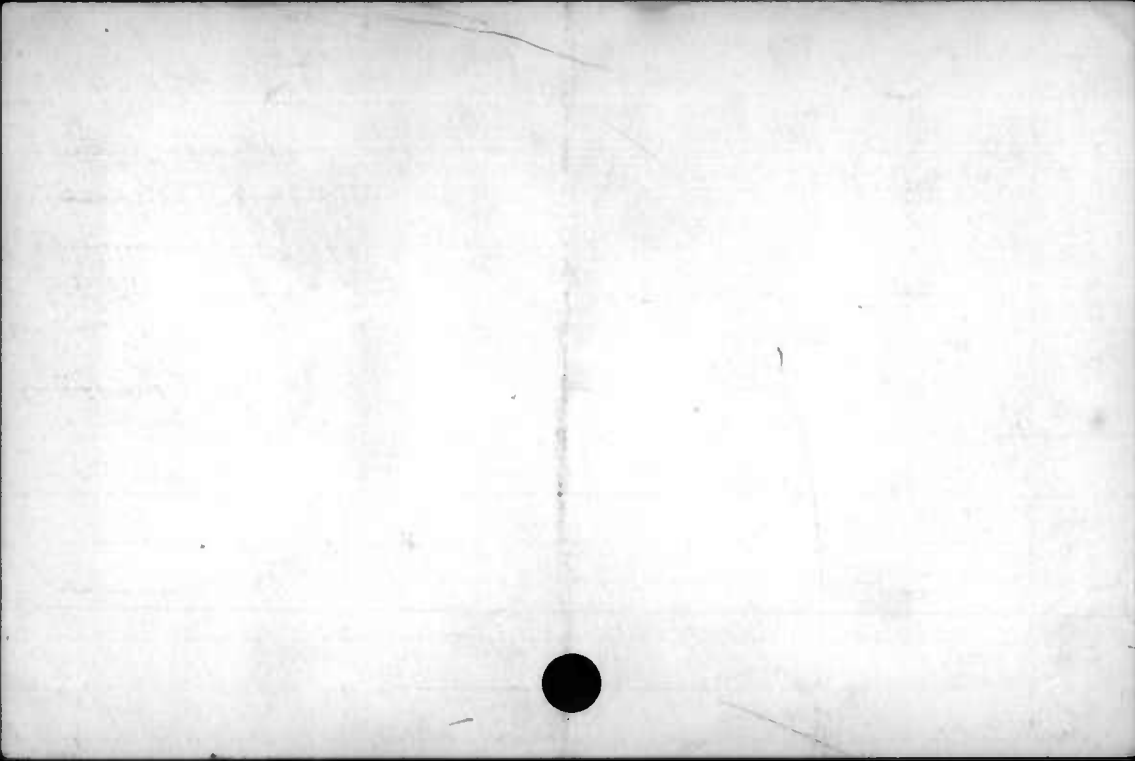
yes

Signature of Physician

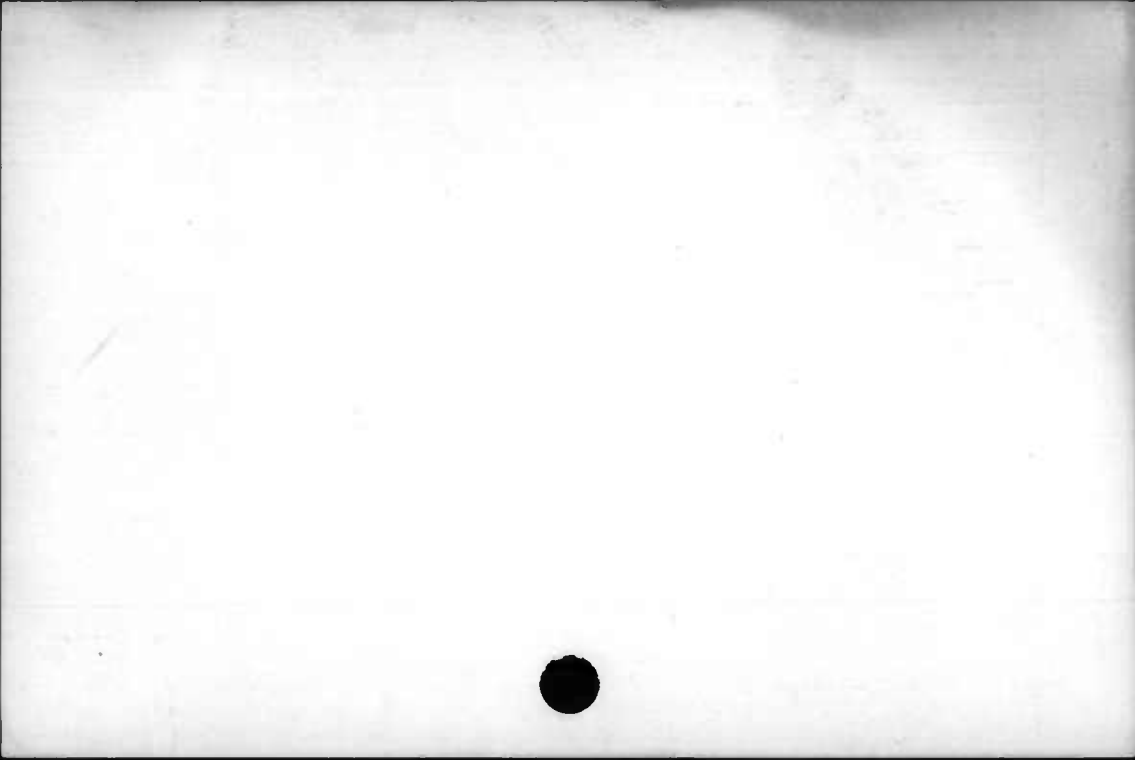
Address

Charles R. Rott
Edgewood

Accident or Suicide?



Name in Full		Erene Mathie Isabelle Moulds Dale				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Cassins		County Harford		MARYLAND	
		Date of death 1905		Month April		Day 15	
		Age		Years		Months	
		Sex Female		Color or Race White		Birthplace Harford Co.	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed Single		Name of Wife or Husband			
PHYSICIAN OR CORONER		Father's Name James Moulds Dale				Father's Birthplace Harford Co.	
		Mother's Maiden Name Sadie Greenland				Mother's Birthplace Harford Co.	
		Name of person giving information James Moulds Dale				How related to deceased Father	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary Erituo - Col				How long one week	
		Immediate Exhaustion				How long one day -	
		Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician Chas. Smith	
						Address Abertown, Md.	
		Accident or Suicide?					



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Forest Hill</i>		County <i>Hampford</i>		MARYLAND	
Date of death 1905	Month <i>Apr</i>	Day <i>22</i>	Age <i>21</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Ind.</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband					
Father's Name <i>Spencer Murray</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Georganna Turner</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>"</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Run over by heavy wagon</i>	How long	<i>16</i>
Immediate	<i>Syncope - injury to heart</i>	How long	<i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>A. F. Vant Bibber</i>	
		Address <i>T. Bel Air</i>	
Accident on <i>Scene</i>		<i>Ind.</i>	

Fair View, Harp.

Jessie Neal
 Town County

Died at New Carea

Harford

MARYLAND

Date 1905 April 9 Age 11 8 2 Native of Maryland Occupation School girl
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

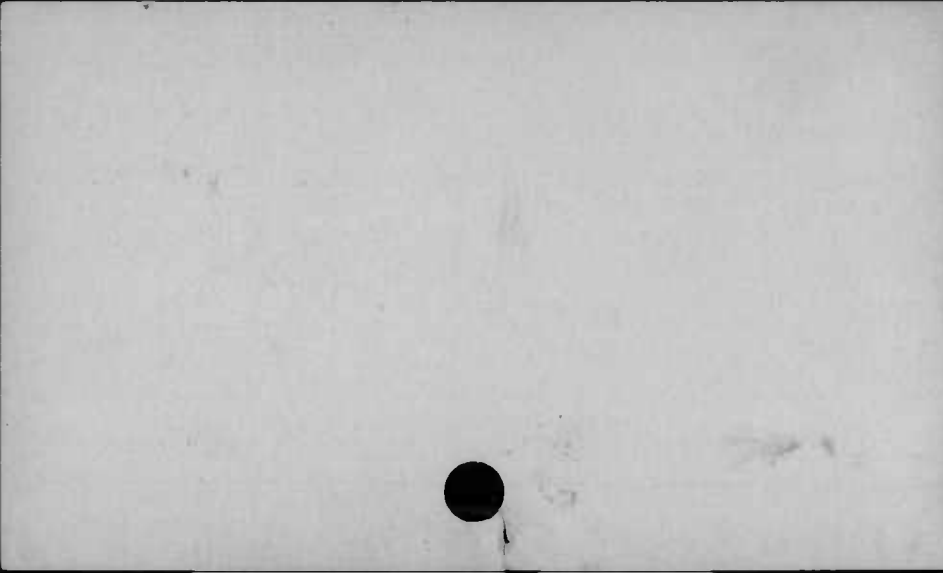
Husband of Daughter of
 Wife Frank Neal Mother's
 Name Maiden Name

Cause of Primary Rheumatism How long sick 79 November 1904
 Death Immediate Valvular disease of Heart ~~Accident, Suicide, Homicide~~

Reported by John W Portie M.D.

Address New Park Puma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Educa. E. Ray.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i> ^{Town}		<i>Harpad</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>4</i>	Day <i>15</i>	Age <i>27</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Mulatto</i>	Birth-place <i>Maryland</i>			
Married, Single or widowed		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Engene Ray</i>					
Father's Name <i>George M. Layle</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Margret Layle</i>			Mother's Birthplace		
Name of person giving information			How related to deceased <i>27</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>7 mos.</i>
Immediate <i>Asthma</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Purnell S. Applegate</i>
	Address <i>Bel Air</i>
Accident or Suicide?	



Name in Full		Annie K. Roney				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Vale		County		Harpord		
	Tcwn		County		MARYLAND			
	Date of death 1905	Month	Day	Age	Years	Months	Days	
	5	Apr	11	85				
	Sex	Female		Color or Race	White		Birth-place	Ireland
	Married, Single or Widowed	Married		Occupation	Housewife			
	Name of Wife or Husband	John Roney						
	Father's Name	Thomas Kehoe				Father's Birthplace	Ireland	
Mother's Maiden Name	Mary Quigley				Mother's Birthplace	Ireland		
Name of person giving information	Thomas K. Roney				How related to deceased	Son		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Indigestion				How long	One Year	
	Immediate	Apoplexy				How long	Sudden	
	Are the name, age, sex, color, date and place correctly given above?				Yes			
	Signature of Physician				Geo. W. Davis M.D.			
Address				Pleasantville Md.				
Accident or Suicide?								

History

Name

in
Full

CERTIFICATE OF DEATH

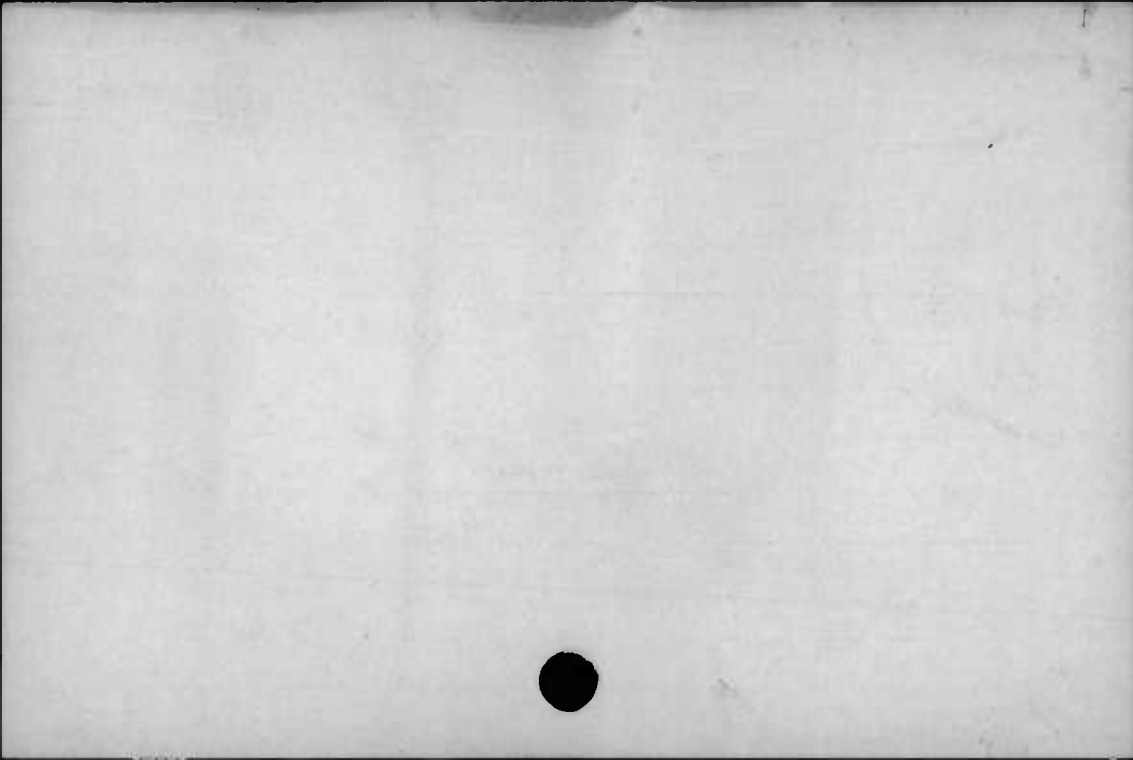
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Macon</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>April</i>	Day <i>26</i>	Age <i>7</i>	Months <i>7</i>	Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Macon Md</i>		
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>John W Seabrough</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Mary M Chamberland</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>John W Seabrough</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hydrocephalus</i>	How long <i>50</i>	<i>Find month</i>
Immediate <i>" "</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. F. H. Arthur</i>	
	Address <i>St. ...</i>	
Accident or Suicide? <i>No</i>	<i>Md</i>	



Name

in
Full

CERTIFICATE OF DEATH

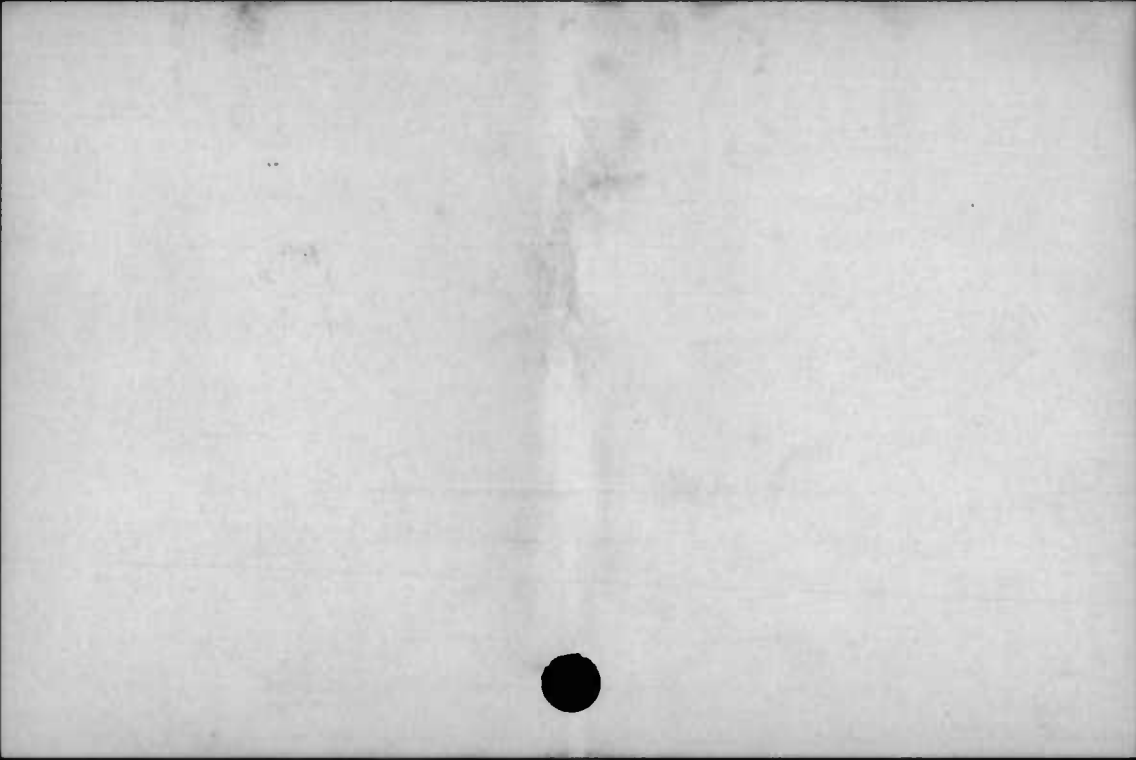
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Whitford</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death 1905	Month 4	Day 16	Age	Months 3	Days 8
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Whitford</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>		Never or Wife or Husband <i>—</i>			
Father's Name <i>Lee Smith</i>			Father's Birthplace		
Mother's Maiden Name <i>Nellie</i>			Mother's Birthplace		
Name of person giving information <i>Lee Smith</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Copious & Franchises</i>	How long <i>3 days</i>
Immediate <i>Convulsion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. F. R. R. R.</i>
	Address <i>W. F. R. R. R. Pa</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

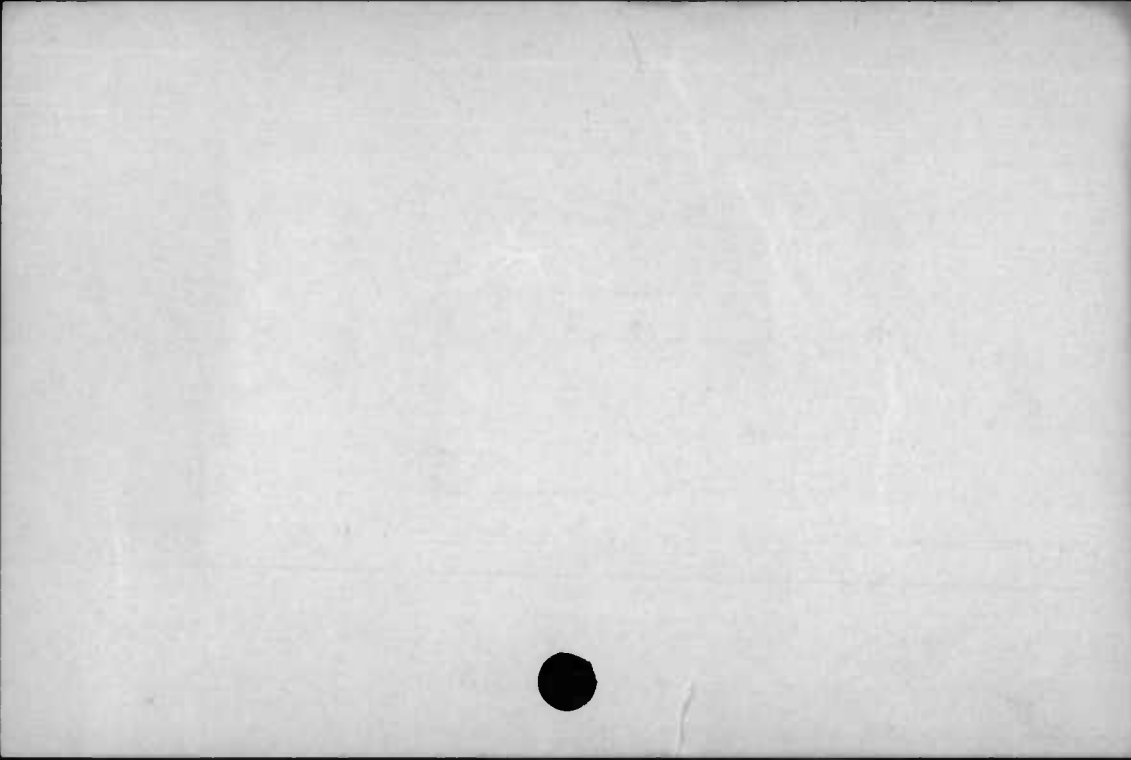
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ida V. Snowden</i>		Town <i>Dublin</i>		County <i>Hartford</i>		MARYLAND					
Died at <i>Dublin</i>		Month <i>Apr</i>		Day <i>17</i>		Age <i>2</i>		Months <i>2</i>		Days	
Date of death <i>1905</i>		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Dublin</i>		Occupation <i>—</i>		Where Residing if not at place of death	
Married, Single or Widowed				Name of Wife or Husband							
Father's Name <i>Thomas H. Snowden</i>				Father's Birthplace <i>Dublin</i>							
Mother's Maiden Name <i>Lydia A. Snowden</i>				Mother's Birthplace <i>—</i>							
Name of person giving information <i>Thomas H. Snowden</i>				How related to deceased <i>Father</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>4 days</i>
Immediate <i>"</i>	How long <i>96</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. W. E. Arthur</i>
	Address <i>Shir- md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Stanbury

Town *Spencerville* County *Harford*

Died at *Spencerville*

Month *4* Day *9* Age *23* Years Months Days

Date of death *1905*

Sex *Female* Color or Race *Caucasian* Birthplace *Harford*

Occupation *book* Where Residing if not at place of death *Harford*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Solomon E. Stanbury* Father's Birthplace *Harford*

Mother's Maiden Name *Henrietta Jones* Mother's Birthplace *Harford*

Name of person giving Information *Solomon E. Stanbury* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *27* How long *23*

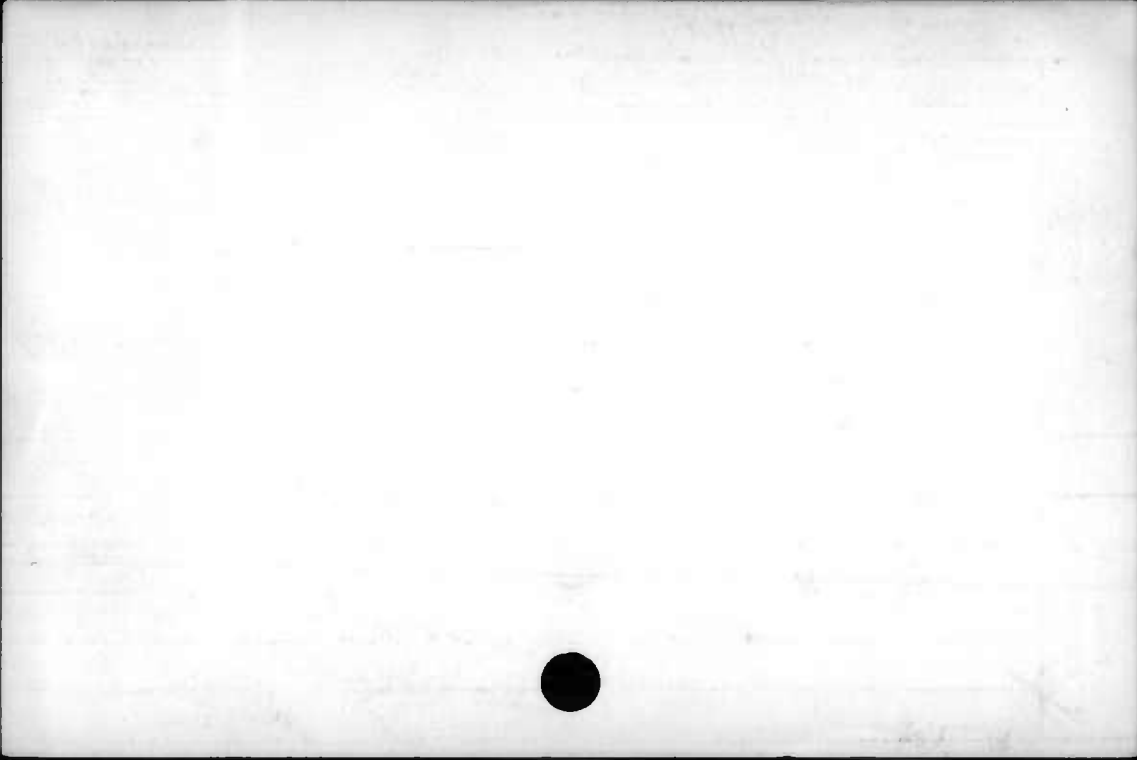
Immediate *Concussion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *[Signature]*

Address *Chesapeake*

Accident or Suicide? *8*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Hamden* Town

County

*Harford*Date of death *1905* Month *April*Day *3rd*Age *60* Years

Months

Days

Sex *Male*

Color or Race

White

Birth-place

Ind

Occupation

Laborer

Where Residing if not at place of death

H. Delmar

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

How long

Immediate

Accidental Killing on Phila. Balt. & W. Md.

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

*Superior Co. Penning, Coroner**Hamden - de - Grace Maryland*

Accident or Suicide?

Accident

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Name
in
Full

Moses Winters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lapidum</i> Town		<i>Harford</i> County		MARYLAND	
Date of death <i>1905-</i>	Month <i>4</i>	Day <i>21-</i>	Age <i>47</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Henry M. Lorne</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Drowning</i>	How long <i>172</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician

Address

Accident or Suicide?

*Accident**Henry M. Lorne S.R.*



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Highland</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND
	Date of death 190 <i>4</i>	<i>April</i> <small>Month</small>	<i>8</i> <small>Day</small>	Age <i>66</i> <small>Years</small>	Months <small>Days</small>
	Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Pylesville Md.</i>	
	Married, Single or Widowed <i>Widow</i>		Occupation <i>House wife</i>		
	Name of Wife or Husband				
	Father's Name <i>Toney Gower</i>			Father's Birthplace	
	Mother's Maiden Name <i>Lavinia Berry</i>			Mother's Birthplace	
Name of person giving information <i>Ridge Rice</i>			How related to deceased <i>Son-in-law</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Dropsy</i>		How long <i>1 year</i>		
	Immediate <i>Heart Failure</i>		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B. W. G. Thomas</i>		
	<i>Yes</i>		Address <i>Street P.O. Ind.</i>		
	Accident or Suicide?				

